

**TENNESSEE DEPARTMENT OF STATE
TENNESSEE STATE LIBRARY AND ARCHIVES
DIRECT SERVICES GRANT
LIBRARY SERVICES AND TECHNOLOGY ACT
FY 2007-08 DECLARATION OF INTENT**

Library _____

Address _____

City _____ State _____ ZIP _____

Telephone number _____ Fax number _____

e-mail address _____ Region _____

Grant Category (Check one)

_____ Services for the Disabled

_____ Adult Education and Workforce Development Support Services

_____ Family Literacy Support Services

_____ Services for the Elderly

The estimated amount of the grant will be \$ _____ (There is a \$5000 minimum)

A brief project description:

Please provide a proposal packet for me.

_____ Date _____
(Signature) Library Director

_____ Date _____
(Signature) Board Chair

Please return to Shelley Fugitt, Tennessee State Library and Archives, 403 Seventh Avenue North, Nashville, TN 37243-0312 or by FAX at 615.532.9904 or e-mail at Shelley.Fugitt@state.tn.us **no later than February 1, 2007.**